

SESP Name Goes Here

PLACEMENT AND SUPPORT PLAN

Client Name: _____ Date: _____
Employer Name: _____ Job Title: _____
Employer Address: _____ Employer Phone: _____
Start Date: _____ Hourly Wage: _____ Number Hours: _____
Medical Benefits: ☐ Yes ☐ No

ADDRESS SUPPORT FOR EACH CATEGORY, OR STATE N/A WHEN NOT APPLICABLE.

Outside Influences/Cultural Impact:

Strengths/Abilities/Vocational Skills (Summarized from individual sites):

Employment Support Needs:

Job Specific Accommodations (Determine if specialized evaluation is needed, i.e. rehab tech):

Health/Safety Concerns:

Legal Concerns:

Long Term Support:

☐ **Yes** ☐ **No** (Explanation Required) ☐ **Pending** (Explanation Required)

Name of provider:

Financial:

List Benefits:

Has benefits planning been completed? ☐ Yes ☐ No

Transportation:

Primary:

Back Up: